0502.01.02

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

RECEIVED FEB 02 2009 CITY OF WEST SACRAMENTO

Date Stamp

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 12

For Official Use Only

Statement covers period from 10/19/08 through 12/31/08

Date of election if applicable: (Month, Day, Year) 11/4/08

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1308399

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): MARK JOHANNESSEN FOR MAYOR

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: WEST SACRAMENTO | STATE: CA | ZIP CODE: 95691 | AREA CODE/PHONE: [redacted]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: [redacted]

CITY: WEST SACRAMENTO | STATE: CA | ZIP CODE: 95691 | AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS: [redacted]

Treasurer(s)

NAME OF TREASURER: MARK JOHANNESSEN

MAILING ADDRESS: [redacted]

CITY: WEST SACRAMENTO | STATE: CA | ZIP CODE: 95691 | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS:

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/28/09 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 1/28/09 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

MARK JOHANNESSEN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

MAYOR, WEST SACRAMENTO

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[redacted] WEST SACRAMENTO, CA 95691

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 10/19/08 through 12/31/08

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER: 1308399

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 4829	$ 16536
2. Loans Received	*Schedule B, Line 3*	39850	39985
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 44679	$ 56521
4. Nonmonetary Contributions	*Schedule C, Line 3*	148	553
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 44827	$ 57074

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 45447	$ 55355
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 45447	$ 55355
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	-17363	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	148	553
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 28252	$ 55908

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 1931
13. Cash Receipts	*Column A, Line 3 above*	44679
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	45447
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 1163

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 39985

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 10/19/08
through 12/31/08

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER
1308399

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/08	THOM LEWIS [redacted] WEST SACRAMENTO, CA 95691	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	GRAPHIC DESIGNER, STATE OF CALIFORNIA	100	100	100
10/23/08	POPLAR FOOD AND LIQUORS 731 WEST CAPITOL AVE. WEST SACRAMENTO, CA 95691	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150	150	150
10/23/08	MOHINDER SANDHU [redacted] WEST SACRAMENTO, CA 95691	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ENGINEER, STATE OF CALIFORNIA	250	250	250
10/23/08	CEMENT MASONS 810 W STADIUM LANE SACRAMENTO, CA 95834	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100	100	100
10/23/08	COALITION OF ORGANIZED LABOR, PAC 902323, PO BOX 22010, SACRAMENTO, CA 95822	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		250	250	250
			SUBTOTAL $	850		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 1800
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 3029
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 4829

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 10/19/08
through 12/31/08

CALIFORNIA FORM 460

NAME OF FILER
MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER
1308399

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/08	ROSANNA CARVACHO [redacted] WEST SACRAMENTO, CA 95605	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	LEGISLATIVE STAFF, CALIFORNIA SENATE	250	250	250
11/3/08	DISTRICT COUNCIL OF IRON WORKERS PAC 831693, 1660 SAN PABLO AVE., STE C, PINOLE, CA 94564	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		250	250	250
10/21/08	TIM KWONG [redacted] WEST SACRAMENTO, CA 95691	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	INSURANCE SALES, STATE FARM INSURANCE	100	100	100
10/29/08	WEST SACRAMENTO CAB COMPANY PO BOX 980363 SACRAMENTO, CA 95798	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100	100	100
10/31/08	SACRAMENTO LABOR COUNCIL 2840 EL CENTRO ROAD, STE 111 SACRAMENTO, CA 95833	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250	250	250
			SUBTOTAL $	950		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from 10/19/08 through 12/31/08

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER: 1308399

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
MARK JOHANNESSEN [redacted] WEST SACRAMENTO, CA 95691 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ATTORNEY, FAMILY LAW CENTER	$ 135	$ 40000	☑ PAID $ 150 ☐ FORGIVEN $	$ 39985 DATE DUE	0 % RATE $	$ 40135 DATE INCURRED	CALENDAR YEAR $ 40135 PER ELECTION** $ 40135
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $ 40000		$ 150	$ 39985	$ 0 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 40000
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 150
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 39850 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM **460**

Statement covers period
from 10/19/08
through 12/31/08

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER: 1308399

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/4/08	MARK JOHANNESSEN [redacted] ATTORNEY, FAMILY LAW CENTER	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ATTORNEY, FAMILY LAW CENTER	FOOD	148	40283	40283
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 148

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 148
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ _____
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 148

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA FORM **460**

Statement covers period
from 10/19/08
through 12/31/08

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER
1308399

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JONATHAN HOWARD 1280 OLIVE DR. #144 DAVIS, CA 95616			CAMPAIGN ASSISTANCE	750
ALLIED PRINTING 1912 O STREET SACRAMENTO, CA 95811			PRINTING	285
BELL MCANDREWS & HITCHCOCK 455 CAPITOL MALL STE 801 SACRAMENTO, CA 95814			LEGAL WORK	510

* **Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

SUBTOTAL $ 1545

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 45296
2. Unitemized payments made this period of under $100 ..... $ 151
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 45447

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 10/19/08
through 12/31/08

CALIFORNIA FORM **460**

NAME OF FILER
MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER
1308399

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
MCNALLEY TEMPLE ASSOCIATES 1817 CAPITOL AVE SACRAMENTO, CA 95814	CNS	SEE DETAIL ATTACHED WITH SCHEDULE F	43751

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 43751

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 10/19/08
through 12/31/08

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER
1308399

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ALLIED PRINTING 1912 O STREET SACRAMENTO, CA 95811	LETTERHEAD, ENVELOPES	284	0	284	0
SEE ATTACHMENT	SEE ATTACHMENT	17079	26672	43751	0
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	**SUBTOTALS $**	17363 $	26672 $	44035 $	0

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 26672
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 44035
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** (17363)
   May be a negative number

Mark Johannessen for Mayor
Form 460 for Period Ended 12/31/08
Attachment to Schedule F - Accrued Expenses

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PROPERTY	OUTSTANDING BALANCE BEGINNING OF PERIOD (SEE NOTE)	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
DAREDEVIL MESSENGER, PO BOX 161787, SACRAMENTO, CA 95816	POS	$ 40	$ 175	$ 215	$ -
FRUITRIDGE PRINTING, 3258 STOCKTON BLVD., SACRAMENTO, CA 95820	LIT	$ 3,507	$ 8,005	$ 11,512	$ -
JEREMY SYKES PHOTOGRAPHY, 2400 SIERRA BLVD. #1, SACRAMENTO, CA 95825	LIT	$ 1,014		$ 1,014	$ -
MCNALLEY TEMPLE ASSOCIATES, 1817 CAPITOL AVE., SACRAMENTO, CA 95814	LIT	$ 997	$ 4,635	$ 5,632	$ -
MCNALLEY TEMPLE ASSOCIATES, 1817 CAPITOL AVE., SACRAMENTO, CA 95814	CNS	$ 7,000	$ 1,500	$ 8,500	$ -
MCNALLEY TEMPLE ASSOCIATES, 1817 CAPITOL AVE., SACRAMENTO, CA 95814	CMP	$ 54	$ 41	$ 95	$ -
METRO MAILING SERVICES, 4251 GATEWAY PARK BLVD., SACRAMENTO, CA 95834	POS		$ 2,645	$ 2,645	$ -
NEWSTRAK, LLC. 3104 O STREET, STE 306, SACRAMENTO, CA 95816	CMP	$ 109		$ 109	$ -
POLITICAL DATA, INC., 825 SOUTH VICTORY BLVD., BURBANK, CA 91502	DATA PROCESSING		$ 949	$ 949	$ -
POLITICAL DATA, INC., 825 SOUTH VICTORY BLVD., BURBANK, CA 91502	PHO		$ 487	$ 487	$ -
POLITICAL DATA, INC., 825 SOUTH VICTORY BLVD., BURBANK, CA 91502	CMP	$ 228		$ 228	$ -
RT BURNS INC, 8456 HUNT VALLEY DR., VIENNA, VA 22182	PHO		$ 601	$ 601	$ -
SIGNS NOW, 1821 J STREET, SACRAMENTO, CA 95816	CMP	$ 128		$ 128	$ -
TAYCO SCREENPRINT, INC. 4920 FRANKLIN BLVD, SACRAMENTO, CA 95820	CMP	$ 4,002		$ 4,002	$ -
TAYCO SCREENPRINT, INC. 4920 FRANKLIN BLVD, SACRAMENTO, CA 95820	CMP	$ -		$ -	$ -
US POSTAL SERVICE	POS		$ 7,634	$ 7,634	$ -
TOTALS		**$ 17,079**	**$ 26,672**	**$ 43,751**	**$ -**

NOTE: REFLECT ITEMS PAID DIRECTLY BY MCNALLEY TEMPLE TO THEIR SUBCONTRACTORS AFTER END OF PREVIOUS REPORTING PERIOD.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 10/19/08
through 12/31/08

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MARK JOHANNESSEN FOR MAYOR

I.D. NUMBER
1308399

NAME OF AGENT OR INDEPENDENT CONTRACTOR
MCNALLY TEMPLE ASSOCIATES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SEE DISCLOSURE ON SCHEDULE F FOR DETAIL OF EXPENDITURES BY THIS CONSULTANT			SEE SCHEDULE F	43710

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 43710

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.*